

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571518

FILING DATE

MAY 08 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	0					
5	0					
6	0					
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		1				
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50						
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	31	←		←	←	
TOTAL CLAIMS	33	████████		████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████		████████		████████